

ACTIVITY RELEASE

For Ministry: Faith Formation

**THIS FORM IS REQUIRED EVERY YEAR BY ST. FRANCIS OF ASSISI CHUCH.
YOUR CHILD(REN) WILL NOT BE ENROLLED WITHOUT THIS FORM ON FILE.**

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its related organizations* (collectively, "the Diocese"). In case of emergency medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent or guardian of my child(ren): **(list name and grade level of children below)**

Please Print Clearly: (We offer the following grade levels: Kinder (*Must be 5 yrs. old on or before Oct. 1, 2024*) through 12th grade.)

_____	_____	Grade _____	_____	_____	Grade _____
Last Name	First Name		Last Name	First Name	
_____	_____	Grade _____	_____	_____	Grade _____
Last Name	First Name		Last Name	First Name	
_____	_____	Grade _____	_____	_____	Grade _____
Last Name	First Name		Last Name	First Name	

I waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a written document signed by me which bears the date that the revocation is delivered to the Diocese.

TO BE SIGNED BY AT LEAST ONE PARENT OR GUARDIAN:

Date Signature

Date Signature

Please Print Clearly:

Father's Name: _____ Mother's Name: _____
Last Name First Name Last Name First Name

Home phone: _____ Work phone: _____ Mobile phone: _____

Language Spoken: _____

Email: _____ Secondary Email: _____

Address: _____
Street City State Zip Code

Special considerations/needs of children (allergies, asthma, etc.)

List name of child and concern/ If no concern write "NONE" _____

DIOCESE REQUIRES THE COMPLETION OF ALL LINES ON THIS FORM